PTO/SB/01 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to re-	spond to a collection of information  Attorney Docket Number	on unless it contains a valid OMB control nu	ımber.				
DECLARATION FOR UTILITY OR	First Named Inventor	32160474.2303					
DESIGN		Huang					
PATENT APPLICATION	COMPLETE IF KNOWN						
(37 CFR 1.63)	Application Number	Initial Filing					
Declaration Submitted OR With Initial Filing  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	September 26, 2003					
	Art Unit	Unassigned					
	Examiner Name	Unassigned					
Toquiros							
I hereby declare that:							
Each inventor's residence, mailing address, and citizenship ar	e as stated below next to	their name.					
			r				
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Flexible Toothbrush and Method of Manufacturing the Same							
	J						
(Title of the Invention) the specification of which							
is attached hereto							
OR	<del></del>						
was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
and was amon	ded on (MM/DD/YYYY)	(if applic	cable).				
Application Number and was amended an (image of the property o							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
	aterial to natentability as	defined in 37 CFR 1.56, includi	ing for				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application							
and the national or PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent,							
inventor's or plant breeder's rights certificate(s) or 365(a) of	any PCT international at	iplication which designated at lea	asi one				
country other than the United States of America, listed below application for patent, inventor's or plant breeder's rights cert	and have also identified	below, by checking the box, any i	ioi eigi				
before that of the application on which priority is claimed.	incate(s), or any 1 or the						
Prior Foreign Application Foreign Fi		ority Certified Copy Atta laimed Yes N	ached? No				
Number(s) Country (MM/DD/	T NOTE		丁				
		╡	一				
			=				
	ļ	╛╸╽┟	<b>=</b>				
Additional foreign application numbers are listed on a su	pplemental priority data s	neet PTO/SB/02B attached hereto	ა.				

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION & POWER OF ATTORNEY - Utility or Design Patent Application						
Direct direction [7]	mer Number Code Label 2 3	3562	OR Corre	espondence address below		
Name						
Address						
City		State		ZIP		
Country	Telephone 214/97	8-3000		Fax 214/978-3099		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor						
Given Name Chen-Shen Family Name Huang (first and middle [if any])						
Inventor's INANG	Chu-sh	Le -		17-9-2003		
Residence: City	State	Country		Citizenship		
TSUPN Wan Adventist Hospital Apt 404 Mailing Address						
CHYTSUPN Wan	State	ZIP		Country H, K		
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature				Date		
Residence: City	State	Country		Citizenship		
Mailing Address						
City	State	ZIP		Country		
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						